

**Foster Care Residential SDM Initial Service Plan
Drop Down Fields Guide Sheet**

**I. A. Child
Current Placement Type:**

Foster Home
Ind. Living
Relative
Residential
Adoptive Home
Own Home
Other

**I. A. Child
Anticipated Next Placement Type:**

Foster Home
Ind. Living
Relative
Residential
Adoptive Home
Own Home
Other

**I. A. Child
Permanency Planning Goal Code:**

6 = Indp. Living
7 = Plcmt. Relatives
8 = Return Home
9 = Custodial Care
10 = Adoption
11 =Term. Parent Rts.
12 = Perm. FFA
13 = Maint. Own Home

**I. A. Child
Sex:**

M
F

**I. A. Child
Race:**

White
Black or African American
American Indian/Alaskan Native
Asian
Native Hawaiian/Other Pacific Islander
Unable to Determine

**I. B. Parent (Caretaker)
Sex:**

M
F

**I. B. Parent (Caretaker)
Race:**

White
Black or African American
American Indian/Alaskan Native
Asian
Native Hawaiian/Other Pacific Islander
Unable to Determine

IV. Child Assessment - Items C1 – C10:

Selections for scoring
dropdown boxes are
found on the form to the
left of the boxes

**IV. Child Assessment - Item C2
Medical / Physical:**

Yes
No
Unknown

Foster Care Residential SDM Initial Service Plan (Cont'd.)

**IV. Child Assessment - C6.
Education / Early Intervention:
Does Child Need Special
Education / Early
Intervention?**

Yes

No

Unknown

**IV. Child Assessment - C6.
Education / Early Intervention:
Does Child Have Special
Education / Early Intervention in Place?:**

Yes

No

**IV. Child Assessment. Primary Needs
And
Primary Strengths
Assessment**

C1

C2

C3

C4

C5

C6

C7

C8

C9

C10

IV. C. 10. Independent Living.

a.

0

-3

IV. C. 10. Independent Living.

b.

Adequate

Inadequate

**V. S1 – S14
Family Assessment of
Needs and Strengths:**

Selections for scoring
dropdown boxes are
found on the form to the
left of the boxes

Foster Care Residential SDM Initial Service Plan (Cont'd.)

V. FamilyAssessment - Primary Assessment of Needs

S1
S2
S3
S4
S5
S6
S7
S8
S9
S10
S11
S12
S13
S14

V. FamilyAssessment - Primary Assessment of Strengths

S1
S2
S3
S4
S5
S6
S7
S8
S9
S10
S11
S12
S13
S14

VI. Parent Agency Treatment Plan and Service Agreement Barriers/Needs Addressed

C1=Emot. Behav./Coping
C2=Medical/Physical
C3=Substance Use
C4=Fam. Kin/Fictive Kin Rel.
C5=Sex Adj./Victimization
C6=Education/Early Inter.
C7=Chld Devel./Life Skills
C8=Cultural/Comm. Ident.
C9=Peer/Adult Soc. Rela.
C10=Ind. Living

VI. Parent Agency Treatment Plan and Service Agreement Barriers/Needs Addressed (Cont'd.)

S1=Emot. Stability
S2=Parenting Skills
S3=Subst. Abuse
S4=Dom. Relations
S5=Soc. Supp. Sys.
S6=Comm./Interpers. Skills
S7=Literacy
S8=Intellect. Cap.
S9=Employment
S10=Phy. Health Iss.
S11=Res. Aval./Mgmt.
S12=Housing
S13=Sex. Abuse
S14=Child Char.

VI. Parent Agency Treatment Plan and Service Agreement Service Type Code

AD=Alcoh/Drg Abuse Rehab
DC=Day Care
DV=Dom Violence Prog
ED=Education
FC=Fam Couns/Outrch Couns
FR=Reunification Svs
HS=Homenkr Svs or Par Aid
IL=Independent Living Svs
JT=Job Trng/Empl Assist
MD=Medical Svs
MH=Mental Health Svs
OT=Other Program Needs
PS=Parenting Skills Trng
TH=Individual/Group Ther
WP=Wrap Around

Foster Care Residential SDM Initial Service Plan (Cont'd.)

**VI. Parent Agency Treatment Plan and Service Agreement
Service Status**

1=Svs Unavlbl
2=Cont Svs
3=Refusd Svs

**VI. Parent Agency Treatment Plan and Service Agreement
Completed Services?**

S=Satisfact
U=Unsatisf

**Foster Care Residential SDM Updated Service Plan
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Intervention:
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Education / Early Intervention in Place?:**

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**V. Child Assessment –
C9. Primary Needs
And
Primary Strengths
Assessment**

C1
C2
C3
C4
C5
C6
C7
C8
C9
C10

Item C. 10. Independent Living.

a.

0
-3

Item C. 10. Independent Living.

b.

Adequate
Inadequate

**V. Family Assessment - S1 – S14
Family Assessment of
Needs and Strengths:**

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Foster Care Residential SDM Updated Service Plan (Cont'd.)

V. Family Assessment - Primary Assessment of Needs

S1
S2
S3
S4
S5
S6
S7
S8
S9
S10
S11
S12
S13
S14

V. Family Assessment - Primary Assessment of Strengths

S1
S2
S3
S4
S5
S6
S7
S8
S9
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S12
S13
S14

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